

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AGE 20 1934

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

24021

## 1. PLACE OF DEATH

County Barry Registration District No. 660  
Township Barry Primary Registration District No. 4396  
City Barryville (No.          St.          Ward         )

## 2. FULL NAME

(a) Residence, No. Barryville Mo. St. Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1869  
7. AGE YEARS 63 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ill. Mo.  
(STATE OR COUNTRY)

13. NAME Concussina Backer

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Rehm

16. BIRTHPLACE (CITY OR TOWN) Ill. Mo.  
(STATE OR COUNTRY)

17. INFORMANT Joseph Schweiss  
(ADDRESS) Barryville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Boniface DATE July 8, 1933

19. UNDERTAKER By Undertaking Co.  
(ADDRESS) Barryville Mo.

20. FILED 7-7-33  
Barryville Mo.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th, 1933

22. I HEREBY CERTIFY That I attended deceased from May 1st, 1933 to July 7th, 1933.  
I last saw her alive on July 6th, 1933 Death is said to have occurred on the date stated above, at          m.  
The principal cause of death and related causes of importance were as follows:

Duodenal ulcer of  
Stomach,  
20 ft.  
Other contributory causes of importance:  
Name of operation          Date of           
What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?          Date of injury         , 19        .  
Where did injury occur?          (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify           
(Signed) W. H. Parks, M. D.  
(Address) Barryville, Mo.

